



Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD AND APPARATUS FOR
PROCESSING DATA
Attorney Docket Number:: 1533-1005
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: GUNNAR
Middle Name::
Family Name:: NORDMARK
Name Suffix::
City of Residence:: DANDERYD
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: HASTHAGSVAGEN 13
City of Mailing Address:: DANDERYD
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 182 39

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: THOMAS
Middle Name::
Family Name:: BODEN
Name Suffix::
City of Residence:: SOLNA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: HAGALUNDSGATAN 42
City of Mailing Address:: SOLNA

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 16964

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: LARS-OLAF
Middle Name::
Family Name:: SVENSSON
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing BIRKAGATAN 25
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 11339

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PAR
Middle Name::
Family Name:: WESTLUND
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN

Street of Mailing VANADISVAGEN 22B
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 11356

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00536	4/3/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0201020-5	4/4/02	Yes

Assignment Information

Assignee Name:: XELERATED AB
Street of Mailing OLOF PALMES GATA 29
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 11122